

KAISER PERMANENTE SCHOOL OF ALLIED HEALTH SCIENCES

NEW PROGRAM OR MAJOR REVISION PROPOSAL

Welcome to the Kaiser Permanente School of Allied Health Sciences (KPSAHS). We appreciate your interest in creating a new allied health educational opportunity. All departments considering establishing a new allied health education program associated with KPSAHS must complete the attached proposal. There may be program specific required approvals in addition to those noted here. Please check with the appropriate school department below.

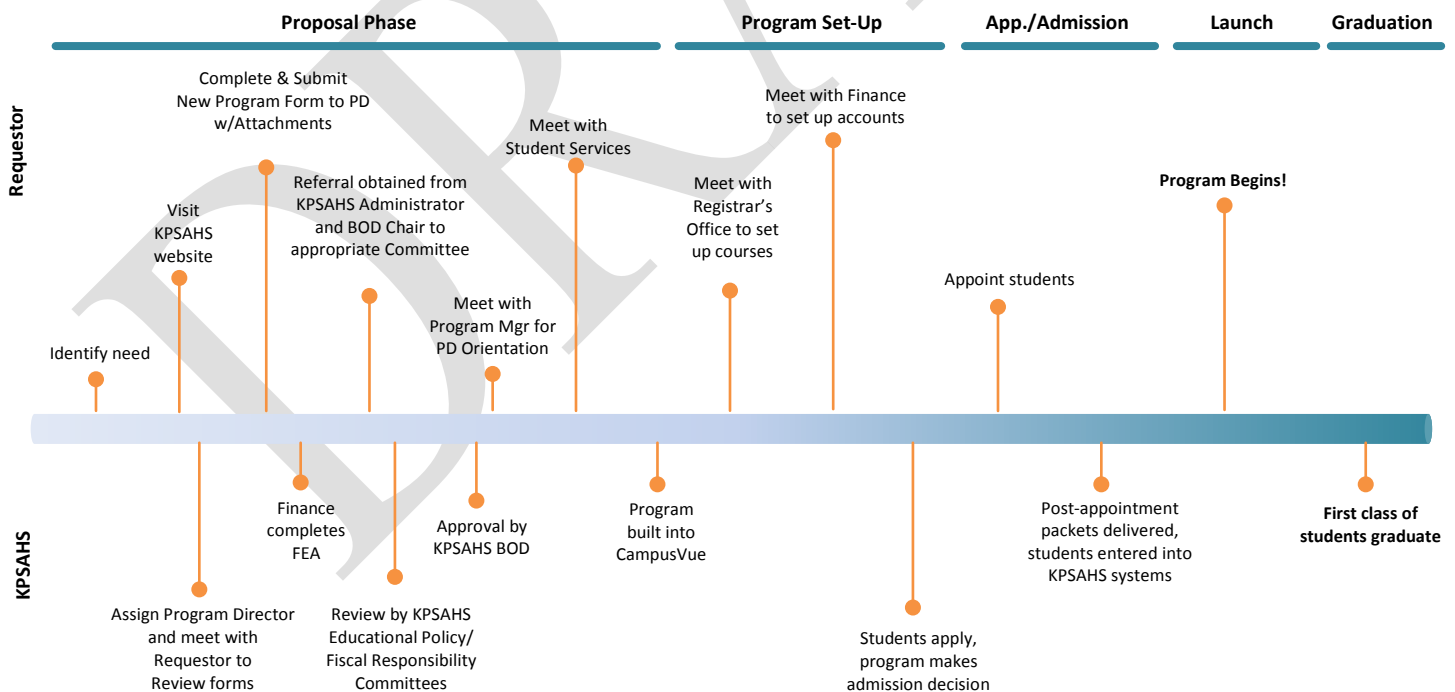
Contacts:

KPSAHS Regional School Administrator
Director for Academic Services

Proposal Process:

KPSAHS has a program development process, which includes Standing Committee(s) and/or KPSAHS Board of Director's approvals. In addition to this form, each program must submit to their Program Director and/or Director for Academic Services:

- Financial Effect Analysis (FEA) prepared by the KPSAHS Finance Department
- Business case identifying the need that includes program-specific competencies
- Letter of department support for program and for program director and medical director and/or assistant medical director
- CVs for program director and medical director and/or assistant medical director



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A. General Information

1. Date Submitted:
2. Department/Program:
3. Official Program Name:
4. Proponent Name:
5. Telephone Number:
6. Proposed Program Director Name:
7. Telephone Number:
8. Clinical Administrator Name:
9. Program Support Staff Name and Contact Phone:
10. Campus: ☐ Richmond ☐ Stockton
11. Duration of program: weeks or months
12. Maximum number of students enrolled per cohort:
13. Maximum number of cohorts per year:
14. Maximum number of students per year:
15. Anticipated start date for each cohort:
16. What is the prerequisite level of education required to be admitted to this program? (High school, associate, bachelors)
17. What type of program is this? Please select from the following KPSAHS Program Classifications:
 - ☐ **Bachelor of Science or Certificate** (KPSAHS provides all the didactic and Kaiser Permanente provides the clinical education. KPSAHS confers the degree.)
 - ☐ **Diploma Programs** (Professional programs not leading to a degree but providing certification by KPSAHS in a field accredited by an outside organization. Diploma programs are generally up to two years in duration and/or at least 2 years prior college education.)
 - ☐ **Skills/Vocational Training** (Didactic and clinical education not required as part of a professional degree or certification by an accrediting body. Typically post-high school career training requiring less than one year.)
 - ☐ **Professional Enhancement Course** (Professional Enhancement Courses are free-standing courses aimed at enhancing the knowledge and/or skills of health professionals. They are independent of KPSAHS degree or diploma programs but are assigned academic credits.)

B. Executive Summary

Please provide a brief executive summary of the proposed program. Include the necessary background, justification for the program, and the benefits to KPSAHS. You may use the questions provided below as a guide:

1. Please provide a brief synopsis of the proposed program:
2. What benefits will this program bring to KPSAHS?
3. Is the proposed education/training available outside of KPSAHS? If so, please describe the external environment and explain why KPSAHS should develop a program rather than use existing resources:

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4. What impact will this program have on the department?
5. Please attach letter of support and approved minute item from appropriate KPSAHS Board of Director's Standing Committee(s) and/or chair. ****Please wait until the Financial Effect Analysis has been completed and specifically reference the financial impact to the department, along with the endorsement of the program director and medical director and/or assistant medical director appointments.**

C. Education Program Content

1. List all KPSAHS courses and proposed credits per course:

Course	Hours of Instruction	Credits*	Type (D, L or C)	Term (F, Sp, Su)

***Credit Definitions**

Didactic/Face-to-face and Online (D) (10 hours per 1 credit)

Structured Laboratory (L) (20 hours per 1 credit)

Supervised Clinical (C) (30 hours per 1 credit)

2. The proposed program will prepare graduates to be competent by becoming eligible for
☐ Registration (outside organization name):
☐ Licensure (outside organization name):
☐ Certification (outside organization name):
3. Will the proposed program be accredited?
☐ Yes, KPSAHS program will hold the accreditation; the accrediting body is
☐ Yes, the affiliate will hold the accreditation; the accrediting body is
☐ No. Please explain whether accreditation is not available or any other reasons:

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D. Program Staffing

1. Please identify the number of faculty who will facilitate this program.

Program Staffing	% FTE	Name	Anticipated Start Date
Program Director			
Medical Director/Assistant Medical Director			
Other Core Faculty			
Clinical Faculty			
Other Faculty			
Adjunct Faculty			
Program Support Staff			

2. Please attach CVs for program director and medical director and/or assistant medical director.
(Attach)

E. Financial Implications in Addition to Personnel

1. Does program anticipate charging tuition? (Applies to degree, diploma, cooperative, skills/vocational, and professional enhancement program)

If yes, at which rate? Please refer to KPSAHS Tuition Rates:

If no, explain why not:

2. Does clinical rotation program anticipate charging a [clinical coordination fee](#)?

If yes, at what amount?

If no, explain why not:

3. Will any other fees be charged to the student?

If yes, provide \$ and frequency: (e.g., once, once/semester, etc.)

4. Will the employer provide funding for the students?

If yes, total amount: \$

5. Will new equipment need to be purchased for the program?

If yes, specify types of equipment and cost:

6. Will existing equipment be utilized by the program?

If yes, specify types of equipment:

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7. What space will be required for the program?
Has space been approved/committed?
If yes, give square footage and location:
8. Will the program utilize education technology?
If yes, specify type and cost:
9. Will additional supplies be needed?
If yes, specify type and amount:
10. Are there any additional costs associated with the program not identified above?
(i.e. accreditation fees, student registration certification/exam fees, recruitment costs, travel, food, etc.)
If yes, specify type and amount:
11. What clinical department/program will absorb the net financial impact of this education activity?

F. Human Resources/ Staffing Considerations

Please contact TPMG Human Resources for this information.

1. # of current employees in this position:
2. # of current job openings for this position:
3. # of hires anticipated in the next 5 years:
Year 1 (20__)
Year 2 (20__)
Year 3 (20__)
Year 4 (20__)
Year 5 (20__)
4. Describe any challenges in hiring or retaining qualified applicants from outside of Kaiser Permanente (KP):
5. How are new recruits from outside of KP currently trained/oriented?

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6. How long does it take for a new recruit from outside KP to become fully productive in the work role?

G. Affiliates

1. If an education partner is involved, please list below and describe resources affiliate will provide (faculty, space, etc.)

Affiliate Name	Resources Affiliate will provide, if relevant

H. Other Considerations

Are there any other considerations related to your program proposal that you wish to share?

I. Required Material

Please complete and attach the following:

- Letter(s) of department support (Section B. 4.)
- CVs for both program director and medical director/assistant medical director (Section D. 2.)
- Financial Effect Analysis (FEA) from Finance
- Approved from KPSAHS Standing Committee(s)
- Program Competencies- Professional Knowledge, Professional Skills, and Professional Attitudes.
Each program is required to develop/identify a set of program-specific competencies and sub-competencies.